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CONFIRMATION NO. 9233

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| SERIAL NUMBER 10/681,199 | FILING OR 371(c) DATE 10/09/2003 RULE | CLASS 536 | GROUP ART UNIT 1634 | ATTORNEY DOCKET NO. 0933-0214P |
| APPLICANTS Juha Kere, Stockholm, SWEDEN; Mikko Taipale, Heidelberg, GERMANY; Jaana Nopola-Hemmi, Helsinki, FINLAND; Nina Kaminen, Helsinki, FINLAND; | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/364,505 02/12/2003 ABN which claims benefit of 60/355,782 02/12/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/15/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | STATE OR COUNTRY SWEDEN | SHEETS DRAWING 12 | TOTAL CLAIMS 33 |
| INDEPENDENT CLAIMS 12 | | | | |
| ADDRESS 2292 | | | | |
| TITLE NOVEL GENE FUNCTIONALLY RELATED TO DYSLEXIA | | | | |
| FILING FEE RECEIVED 1342 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

1-2-08